

City of Santa Barbara Planning Division

Historic Landmarks Commission (HLC) Supplemental Application





PROJECT STREET ADDRESS: DATE OF LAST ACTION: DESCRIBE REQUEST, LAST HLC REVIEW AND CHANGES MADE SINCE THEN: (Requests will not be accepted without a COMPLETE description of request and changes. Only the changes listed below will be considered for approval.) LEVEL OF REVIEW FULL BOARD CONSENT CALENDAR CONCEPT CONTINUED PRELIMINARY PRELIMINARY PRELIMINARY IN-PROGRESS FINAL REVIEW AFTER FINAL REVIEW AFTER FINAL REVIEW AFTER FINAL Topy of plans required at time of submittal. NAME OF PERSON TO CONTACT:				Fee
DATE OF LAST ACTION:	PROJECT STREET ADDRESS:			Staff
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ZIP CODE:	NAME OF PERSON TO CONTACT:			
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SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: